

## Second District STD Control Plan Community Stakeholder Groups Meeting

June 1, 2012 | 9:00am-12:00pm

<b>Meeting Purpose:</b>	District 2 STD Control Plan Community Stakeholder Meeting
<b>Meeting Location:</b>	Office of the 2 <sup>nd</sup> District Supervisor, Mark Ridley-Thomas 700 Exposition Park Drive   Los Angeles, CA 90037
<b>Meeting Facilitator:</b>	Black Women for Wellness

### 1. Breakfast, Registration and “Getting to Know You” CBO Bingo Opener

### 2. Welcome by Black Women for Wellness

All participants that were present for the meeting introduced themselves and the organizations that they represented. Approximately 30 organizations were represented at this meeting.

### 3. CBO 3-Minute Highlight: Watts Healthcare Corporation/ Los Angeles Women’s Collaborative on HIV/AIDS - Sharon White

Ms. Sharon White discussed the Los Angeles Women’s collaborative on HIV/AIDS. Explaining that this collaborative formed as a result of the lack of health services for women she stated, “ Services by women in Los Angeles for women are no longer. We need to get our voices back!” With three meetings, a core group of women, who work in the community and developed partnerships over the years were able to define objectives and goals to move forward with the effort to support services for women by women around HIV/AIDS.

### 4. Explanation and Background of Community Approaches to Reducing STDs (CARS) - Norman Hayes

Mr. Norman Hayes introduced himself to the group. He is a Project Officer for Community Approaches to Reducing STDs (CARS) at the CDC. Mr. Hayes provided background on the cooperative agreement and how it came to be. He explained that the cooperative agreement itself is not research, but cited the community engagement process as a huge component.

He then discussed how the opportunity for funding came about. In July 2010 CDC called upon experts with expertise in health disparity research, public health ethics; local health departments and primary care providers were represented. These participants were asked to address questions that included:

1. How does the CDC ensure the principles of public health ethics?
2. What institutional organizational partnerships should be developed to effectively implement strategies to reduce the STD disparity?

The group provided many recommendations which included:

1. Allocate funds based on STD morbidity
2. Range awards from \$100,000-\$250,000
3. Project had to last at least 3 years

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4. Eligible applicants should be institutions able to demonstrate credibility working with affected community and ideally reflect the target community
5. Use of core innovative interventions that address multiple approaches
6. Require submission of STD Prevention plan
7. Demonstrate established partnerships
8. Require demonstrated commitment to health equity and public health ethics
9. Support development of best practices in for dissemination and hopefully replication

These suggestions led to the writing of or creation of a funding opportunity.

In February 2011 Funding opportunity was published with annual funding of \$1.8 million and four recipients or grantees that will receive an average of 375,000 a year in the project period of 3 years.

Grantee activity include:

- Document and analyze the extent of the disparity and the effect of social determinants
- Demonstrate community engagement
- Plan to reduce the disparity
- Ensure the incorporation of public health ethics and the framework of prevention
- Establish a community advisory board to review the grantee performance
- Establish partnerships
- Conduct program evaluation and attend CDC organized meetings to report progress

CDC is to provide technical assistance to the design and implement project components, facilitate collaboration among the grantees, and project provide resources and tools in identifying key partners, stakeholders and other entities to help further the project. An objective review panel process took place and evaluated over 100 outstanding applications through which four grantees (in different cities) were chosen. They represented State health departments, government organizations, CBOs and academic institutions. There are Bi-weekly conference calls and there have been two in-person meetings. These provide an opportunity for grantees to dialogue and interact with each other, share experiences, accomplishments, challenges to learn effective strategies. He acknowledged that there have been a few complications with the process and encouraged the group to use it as a learning process. Closed by stating, "feel good about the project to date, there have been some challenges but sure they will work selves out." Wished orgs much success.

**Comment:** One of the things appreciate about CSG is opportunity to dialogue. Open up for comments and questions

**Q:** First day heard about CARS project and I wasn't aware that HRA was the primary principle organization that's got the funding to implement the programs. I'd like to ask someone from HRA a question. In terms of reducing STD health disparities in original proposal are you doing this county wide? is there a specific spa that you are targeting? If targeting spa 6, what are deliverables after the 3 years or annually in terms of bringing the rates down?

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**A:** (Peter Kerndt): No one from HRA is here, but that's the fiscal administrative program. What was targeted was the second supervisorial district the goal was to involve community approaches. CARS stands for community approaches to reducing STDs and the most important part of it is CA which is community approaches. We looked at for many years health disparities among young people, women, minorities, etc and 2-3 years ago went to the office of 2<sup>nd</sup> supervisorial district which created an STD work group, persuaded supervisor that this could not be ignored anymore, something needed to be done so produced maps and charts to show disparities and started writing the plan. This was before even seeing the CDC funding opportunity. When we saw it, loved it and submitted it in and fortunately was a great fit.

**Comment:** There is a need for the community who have been working on these issues

Comment: Community Engagement is an important portion, we know what has worked and what hasn't so the goal was to .. and we have "

**Q:** How do you define successful community engagement?

**A:** Responsiveness to community concerns is at the top of the list. The education piece around STIs is initial with feedback incorporated and implemented into the plan.

Comment: When I think of community engagement, I think of community as coming with a plan, not rubber stamping the plan.

**Comment Mr. Hayes:** Applicants were asked to demonstrate needs, present a plan (something CDC can react to), each grantee was asked to come up with a plan. Community engagement piece was to present the plan to the community and based on the community response, it was to evolve.

**Comment:** Looked at MRT's website but didn't see the plan. The evolution of the project over 3 years needs to take place. Wants to be fully engaged and that when she goes back to LA metropolitan churches, wants to make sure that they are fully informed and engaged to eradicate STDs among women. She wants to see the plan.

**Comment:** The plan was presented at the last meeting in detail and can be sent to you if you would like. The slides can also be accessed on MRT's website.

**Comment:** A story was shared regarding a previous workgroup around this plan that she was involved in where she felt disempowered after participating in the workgroup because nothing came of it and they didn't feel listened. She used three words to describe the experience, transparency, history, & disempowered. In terms of history, suggestions such as media placement were not considered. In terms of transparency, after suggestions, felt like community engaged, but process went without providing and in terms of disempowerment, women felt disempowered because suggestions that they gave was not implemented.

**Comment Mr. Hayes:** Let's use the experience of the past working group to drive the success of this project.

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**Comment:** I'd like to see the previous presentations to get the idea of the plan. It would answer the questions of the deliverables, etc. How do we get the community to buy in, and make it less heuristic...evolving

### **Youth Presentation:**

**Comment:** It wouldn't be fair to have youth at the meeting and not give them voice so...

**Mini Presentation by youth:** One of youth present at the meeting Gave a short talk on her understanding and knowledge about sexually transmitted diseases, how common they are and how they are transmitted. She expressed her reality of why STDs are important by noting that her peers are getting tattoos and engaging in sex and sexual contact without protection which contribute to their contraction of STDs. She told us that she talks to other young people about STDs, they share their issues and can discuss questions and concerns openly.

**Question:** I commend your knowledge and participation. Are you a peer educator? What can we do to assist you with that? How can we help you help people your Age?

**A:** Money!

**A:** Money, gift cards, speakers and education - things like that can help support us, which will help us support and educate our peers.

**Comment:** You all are great! I applaud your being here. Take advantage of your resources, get the cards of the folks that can help you.

### **6. Breakout session, Engagement, and Large Group Discussion**

*(note: a number of notebooks were not returned, therefore not all breakout session group discussions are included)*

#### **Breakout Session Questions:**

##### **1. Define your Goal for the D2STDCP.**

→ Timeline? Milestones?

→ What are necessary Steps to achieve the goal(s)?

##### **2. What is the reason for this pandemic and how do we remedy it?**

##### **3. How do you as the community define success aside from the County's (numbers, statistics, etc)?**

#### **Group 1:**

##### **Goal**

- Funding Breakdown and itemized budget
- Prevention, management, eradication
- What portion is dealing with prevention?
- After testing--Connected.linkage to care, after care
- Partner treatment
- Providers funded to outreach in communities

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Question: What agencies are providing services? Where? Return rate? Target population. How is Outreach conducted?

Thelma - Primary prevention, treatment on van  
Environment- comfort level that breaks down barriers that would prevent

Question: Where is cultural shift of population - to eradicate over long term?  
Follow through testing

Cultural Competence

- Age
- Ethnic

Reproductive/Sexual Health

Going to the places and locations where those that are affected  
Heuristic model/flexible and fluid model.

Timeline:

What is the three year plan?

Challenges:

- Training, orientation, implementation
- Plan- with all aspects of the scope and activities listed on website
- Electronic website for suggestions in realtime
- Quarterly updates

### **Group 2:**

Goal:

To reduce the numbers for all individuals (adults/adolescents)

Steps:

- Access to information
- Resources
- Education that goes beyond sexual health but culturally relevant and inform community
- social marketing
- Availability of testing material and treatment

\*Question: How do we make it matter (sexual activity) as it relates to our young people?

### **Group 3:**

Goal and Milestones:

- Reduced rates
- Comprehensive sex ed throughout LAUSD
- Community ownership to ignite change in the environment

Steps:

Change focus from disease specific to addressing the social determinants

### **Group 4:**

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- Parents aren't ready for the "sex talk", need education themselves
- Kids need information

### Problem:

- Need to talk to kids and parents
- Lack of education/communication about sex
- Approach daily to get condoms
- Kiosks- why?
- lack of advertising before kiosk placement
- educate kids about kiosks. Is it there and why?
- Ask condoms, ask STDs
- Need information about communication with partner
- Talk about the reality of being in a situation where you need to use a condom
- "sex positive" education is missing
- Lots of STD repeaters
- 1 male infected 4 females
- Sex is fun, think about other
- inclusion of males in sex education
- They don't know what partners are doing. They don't talk or communicate, they just have sex.

- Don't know body parts (name, location) anatomy

### Solutions/Recommendations:

- School/community partnerships-- Ongoing offering parents sex education.
- Strengthen parent-school relationship
- Accommodate parents' needs/schedule. Incentive for parents, parent volunteers
- Get parents involved. As teachers, train parents to talk to kids about sex
- Put Kiosk video on youtube, teensource and other websites

## 7. Stretch Break (Musical Chairs)

### 8. CBO 3-Minute Highlight: Girls 101 - Helen Merrick

Girls 101 was the second community based organization highlight of the meeting. Ms. Helen Merrick the CEO has a background in education. Her organization, Girls 101 goes to girls at the schools (middle schools and high schools, public and private), juvenile facilities, etc to provide education on personal hygiene. They go to where girls are! Ms. Merrick explained that many girls come from group homes and foster homes and they are not being taught about health. She stated that, there are many misconceptions about feminine hygiene and so Girls 101 focuses on education and prevention on various health topics.

### 9. Updates on D2STDCP - Harlan Rotblatt

Mr. Harlan Rotblatt showed two videos, one in English the other in Spanish developed by the second district office to demonstrate the proper use and ease of the kiosks that provide the I Know home test kits. He thanked Black Women for Wellness for their great efforts and proceeded to provide updates on the six components that make up the D2STDCP - Case Management, School Level Programs/School

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Based Interventions, Public Relations, Expanded Screenings, Social Marketing, Community Engagement.

### **CASE MANAGEMENT:**

Mr. German Rodriguez was introduced. He is one of the case managers. Mr. Rotblatt explained that case managers follow the chain of infections so that if a person is diagnosed with chlamydia or gonorrhea, their partner(s) are traced and treated in order to try to stop the chain of infection.

### **SCHOOL-BASED:**

Mr. Rotblatt highlighted a recent event at a high school to promote the I Know campaign where tablets were used to promote testing. High school campuses are a great place to do outreach. We are doing education, condom plans and want to bring tablets back to school in the Fall to renew those activities. Susan Walker is here – she runs many activities in LAUSD, including Keeping It Real (sexual health curriculum for 7<sup>th</sup> and 8<sup>th</sup> grade in Compton middle schools and some LAUSD middle schools). T Susan Walker: We are furiously completing implementation of the curriculum and collecting baseline evaluation data. Ten of 2<sup>nd</sup> District high schools have provider guides and they hope to provide all high schools with them by the end of the school year. The other things we do are structural interventions in the schools. We help the existing structures work, such as the condom availability program. The provider referral guide is a list of youth friendly clinics that nurses and other school staff can use to connect students with youth friendly reproductive health care.

Harlan: LAUSD has developed a great program with Sentient Research called ProjectU that provides sexual health education and empowerment for high school students.

### **PUBLIC RELATIONS:**

Harlan: Giving out free stuff to promote a program is PR. Everything we do each day to tell people about the problem, to promote knowledge about I know or STDs in the community is PR.

### **SOCIAL MARKETING:**

Nothing going on at the moment. We have palm cards, displays and posters for you to take with you today. We are getting condom key chains and scroll pens soon. There are no ads available yet but Facebook ads will be coming soon.

**DATA** -- 395 tablet orders, 165 testable tests and 8 positives, which is a huge testament to the potential of this. St. Johns, AADAP, Reach LA, LAUSD and Compton Unified have done a tremendous job of getting people tested. We don't have any kiosk orders yet, but we have some ideas on how to get people more comfortable with it. We need to do more promotions, such as what MRT's website is doing with the kiok demonstration videos.

### **COMMUNITY ENGAGEMENT:**

There was a First Ladies event that provided healthcare services including HIV tests which 30 churches participated. Tablet outreach was conducted in some of the churches. That kind of interaction is very helpful and we would love to collaborate more. At the last meetings, someone asked how we can collaborate in between CSG meetings. That's a great idea and a very important part of community engagement. If your organization is having an event, we can be present with the tablets.

### **Feedback on progress to date/Q&A**

**Q:** What were the decision making processes for putting the kiosks in pharmacies? Why were pharmacies chosen to house kiosks?

**A:** Carol Magee worked with community and pharmacies that were very enthusiastic about it. We are trying to branch out beyond those. They were located in good places and the staff was very receptive. We will be going to Trade Tech as well. The kiosks can be moved, so if it's not working, we will move

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them. If you have ideas for placement, please share them.

**Carol Magee:** We looked at morbidity in District 2 and tried to determine where the best place was to place kiosk. The Kiosk at Florence Pharmacy is in a very high morbidity area and so is the Watts pharmacy. The pharmacies were selected because they wanted to be a part of the program. We also approached Walgreens and CVS--They have brands. Walgreens is coming back to the table.

**Comment:** If the kiosks are movable, why don't we take them to different events like KJLH's women's health fair and other such events?

**Harlan:** We could try that. We need a cell phone signal, internet and electricity for them. Using them at an event could be a really great thing to try.

**Q:** How will the youth be involved with the kiosks? We should put them in youth oriented places.

**Q:** What are some ideas about doing a youth rally and incorporating youth into this plan. We talked about this at the last meeting, what is the progress? What about a youth summit?  
Youth need to be a part of our social media and be on Facebook and be a part of developing the message that goes out. It's important that we reiterate youth involvement. They are willing and ready to do it.

**Comment:** There was a call for youth, can you confirm that you will create a youth advisory council? We need to give something to the youth. We don't want to have a sterilization of a generation. We need to call a meeting that brings youth to the table. The next scheduled meeting should be around formulated a youth advisory body to make this work. They need to become the image, the message and the change agent for eradicating STIs in the 2<sup>nd</sup> District.

**Comment:** We cannot ask them for something without giving them something. We cannot ask them for their expertise without giving them something in return (i.e. jobs, stipends, etc).

**Q:** How do we make sure that they are able to sit at the table and respect their voices?

**Comment:** Cynthia, dept of public health -- talked about time change, youth summit, youth summit to get people involved, but need youth continuously. Suggestion to work with Jan and group to come up concrete examples of how to do this.

**Teen Summit: (Harlan and Jan)** – There has been extensive discussion about who's going to do youth summit and who's going to pay for it? There isn't money to do this. Youth unemployment is high, youth need jobs and we need to compensate them for this. One of the youth here today expressed that youth need money to do this.

BWW employees are youth people – Nourbese and Onyenma were introduced. They planned this meeting, so youth are involved but we need more.



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**Mrs Bankhead Association of Black Women Physicians:** We need more male presence. Fertility and teen pregnancies are usually seen as only a female issue, but it is not. We need men to be engaged and involved if we want to create change. Regarding fundraising, I like to ask for money and I get money so the key is to ask for the money because it is there.

### **10. Evaluation and Closing**

We want to hear your questions and get your feedback. We want to know in between meeting, what is your commitment to this project, what do you need from us to be more committed? Please fill out the cards on your table and include answers to this question. What are you willing to do? What do you want us to do? Include your name and contact information. If you're willing to put together meetings in between the CSG meetings, write that down, if you're willing to organize the youth summit, put that down on your notecard.